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MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

International Medical Congress of 1876.—The International Medical Congress of 1876, which convened in Philadelphia on the 4th of September, was the most distinguished medical gathering ever assembled on this continent. It was composed of 447 delegates. Of these 71 were foreigners, representing England, Ireland, Scotland, Belgium, Denmark, Prussia, Austria, Norway, Finland, Russia, Australia, Japan, the Argentine Republic, Cuba, Mexico, Canada; and the remainder were from the United States.

Of the delegates, it may be said that they were in every respect representative men, being the leaders of the profession of the districts or countries from whence they came, and some were the official representatives of their governments.

Among the distinguished foreigners who were present, the following may be mentioned: Mr. William Adams, President of the Medical Society of London; Dr. Rob't Barnes, Obstetric Phys. to St. George's Hospital, London; Dr. Gregorio Barroeta, San Luis Potosi, Mexico; Dr. T. Lauder Brunton, London, editor of *The Practitioner;* Mr. R. Brudenell Carter, Ophthalmic Surgeon to St. George's Hospital, London; Mr. Richard Davy, Hon. Sec. of Medical Society of London; Dr. Pierre Debaisieux, Prof. in University of Louvain; S. Engelsted, M.D., Physician in Chief of Copenhagen Hospital; J. A. Estlander, of Helsingfors, Finland; Dr. M. W. C. Gori, of Amsterdam; Dr. J. A. Grant, of Ottawa; Edmund Hansen, M.D., President of Medical Society of Copenhagen; Dr. Wm. H. Hingston, Mayor of Montreal; Prof. Johan Hjort, of Christiania, Norway; Dr. Edward M. Hodder, Toronto; Dr. R. P. Howard, Montreal; Dr. R. F. Hudson, of Ballarat, Australia; Prof. Hueter, of Griefswald; T. Ishigouro, Tokio, Japan; Dr. C. Lange, Lecturer on Pathological Anatomy in University of Copenhagen; Mr. Joseph Lister, Prof. of Surgery in Univ. of Edinburgh; Dr. Mareas de J. Melero, Havana; H. Miyake, Prof. of Pathology in Med. Col. of Tokio, Japan; S. Nagayo, Director of Med. Col. of Tokio, Japan; Dr. G. Rawson, Buenos Ayres; D. Argyll Robertson, M.D., Edinburgh; Dr. A. M. Rosebrugh, Toronto; M. Rudnew, Prof. of Path. Anat. in Medico-Chirurg. Academy, St. Petersburg; Dr. Leopold Servais, Antwerp; Dr. Alex. R. Simpson, Prof. of Obstetrics in Univ. of Edinburgh; Dr. James Thorburn, Toronto; Dr. Edward H. Trenholme, Montreal; Mr. Jolliffe Tufnell, President of Royal College of Surgeons, Ireland; Dr. W. A. Koukol de Yasnopolsky, St. Petersburg.

Of the proceedings of the Congress, the minutes herewith given show an amount of work, and of good work, accomplished, such as is unparalleled by any medical gathering previously held in this country. The addresses before the Congress in

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general meeting were admirable résumés of the progress of medicine in America during the past century, and the papers read before the sections, and the discussions thereon, were of unusual merit.

The Congress met daily at 10 A.M., and at 1 adjourned to lunch provided them in the University building by the medical profession of Philadelphia; at 2 o'clock it reassembled in Sections, each Section having a room admirably suited for its purposes.

At the opening of the Congress a programme was published, giving in detail the work for each day of the week, which was faithfully adhered to. For the convenience of the delegates, a complete list of the members registered, with their residences in Philadelphia, was published daily.

On Monday evening a public reception was tendered the delegates and their ladies at the Judge's Hall, Centennial grounds. On the other evenings, the delegates were the recipients of private hospitality. On Friday evening, the Public Dinner of the Congress was given in St. George's Hall. About 170 delegates were present. Prof. Gross presided, supported on his right by Prof. Lister, of the University of Edinburgh, and General Hawley, President of the United States Centennial Commission, and on his left by His Excellency the Governor of Pennsylvania, and Mr. Wm. Adams, President of the Medical Society of London.

On Saturday, Sept. 11, at noon, after the passage of a number of complimentary and congratulatory resolutions, the Congress was adjourned without day. Thus ended a meeting which will be long and pleasantly remembered by those who participated in it, and whose beneficial influence on American medicine will be perceived for many years to come.

Such widespread interest attaches to the proceedings of this Congress that we have devoted our entire number to it, to the crowding out of the usual sixteen pages of Gosselin's Clinical Lectures on Surgery.

International Medical Congress, Philadelphia, 1876. *Report of Proceedings.*

Sept. 4. *General Meeting.* At noon, in the Hall of the University of Pennsylvania, in the presence of a large and distinguished audience, and after the invocation of divine blessing by the Right Rev. Wm. Bacon Stevens, M.D., D.D., LL.D., Bishop of Pennsylvania, the International Medical Congress of 1876 was called to order by Samuel D. Gross, M.D., LL.D., D.C.L. Oxon., President of the Centennial Medical Commission, in the following words:—

My colleagues have confided to me, as the President of the Centennial Medical Commission, the agreeable and honourable duty of opening this International Medical Congress, so long the object of their solicitude and earnest labour. In their name, then, as well as my own and that of the entire medical profession, whose great heart this day throbs in unison with ours, I extend to you our right hand, and bid you a thrice cordial welcome to the City of Brotherly Love. The occasion which has brought us together this morning is one of no ordinary kind; it is one also which has been long and, I may say, anxiously anticipated. It might, perhaps, seem ungracious if I were to tell you how much time and labour have been bestowed by the Commission through its Committee of Arrangements upon the organization of the Congress; how often they met to devise plans and to interchange views; how earnestly and thoughtfully they performed their works: in a word, how faithfully and conscientiously they discharged the great trust confided to them by the different medical bodies of the City and County of Philadelphia, in which the Congress originated nearly two years ago. * * *

It is at all times a source of gratification to welcome friends, especially when they are united by the bonds of a common brotherhood, or an identity of interest; but on this occasion, so pregnant with important events, the feeling is vastly heightened by the fact that we have assembled around us brethren not only from every section of this great continent, but from various foreign climes—from Europe, the far East, from Japan and China, the Islands of the Pacific, South America, Mexico, the West Indies, and I had almost said, from every country in the world. * * * * * *

Men laying aside for a while their ordinary pursuits, crossing vast continents and perilous seas, congregating to unite

with us in celebrating our first Medical Centennial, in interchanging cordial salutations, in deliberating upon the best means of promoting the holiest and dearest interests of our profession, and in laying their contributions, the accumulations of years of study and observation, upon a common altar for the common good! In its wide range, the present Congress is without a parallel. Similar bodies have repeatedly met, but none on so grand a scale or with such a cosmopolitan outlook. * * * * * *

We are upon the threshold of a new century. One hundred years have passed away since the grand old bell upon Independence Hall announced to the world the birth of a new nation, and liberty not only to our own citizens but to all peoples of the earth. The century that has just elapsed was the most wonderful in all that pertains to human progress, to discovery, to invention, to improvement, to refinement, and to intellectual culture; in a word, to all that ennobles and exalts human nature in its various aspects and phases, that has been vouchsafed to man since God said, "Let there be light." The science of medicine has been completely revolutionized within our own day. The saying, "Old things have passed away, behold all things are new," has literally been fulfilled. The microscope, chemical analysis, clinical observation, and experiments upon the inferior animals, are leading on the medical mind with wondrous velocity in the pursuit of knowledge, and adding daily new facts to our stock of information far beyond what the wildest fancy could have conceived of even a third of a century ago. Dogmatism, once so dominant in the schools, has ceased to exist, and no unacknowledged theories are any longer received by the scientist. Facts, resting upon the broad basis of observation and experiment, repeated and varied in a thousand ways, alone are relied upon as worthy of acceptance and as safe guides in practice. Hippocratic medicine is the order of the day. Everything bows before its divine behests.

In every corner of the habitable globe penetrated by the light of civilization, busy, active minds, endowed with high culture, and actuated by the noblest resolves, are at work, exploring the mysteries of disease, and devising means or methods of treatment for the relief of suffering and the prolongation of life. The busy bee was never more industriously engaged in gathering honey from the flower of the field than the modern physician is in gathering knowledge at the bedside of the sick, and garnering it for future use. Much of what is considered by many as established must be reviewed in the light of modern science; new avenues must be opened, and the ball, composed of myriads of threads more delicately formed than any ever spun by Penelope, must be pushed onward and upward by the united efforts of the medical profession in all parts of the world. How far the Centennial International Congress shall promote these desirable objects time alone can determine. It may safely be predicted that, if it do not fulfil all the promises of hope that have been formed of it, it will accomplish a vast deal of useful work, and thus afford the world an earnest of its interest in the advancement of scientific medicine and in international unity. Science can have no higher mission than that of strengthening the bonds and securing the co-operation of its votaries in various parts of the globe, assembled to deliberate upon everything calculated to promote its holiest interests.

And now that the labour of the Centennial Medical Commission is completed, it only remains for the Congress, which I now declare open, to perfect its organization by the election of its own officers.

The following committee of thirteen was then appointed to nominate officers for the Congress, Mr. Wm. Adams, of London, Prof. Engelsted, of Copenhagen; Prof. Hueter, of Griefswald; Prof. Rudnew, of St. Petersburg; Dr. J. A. Grant, of Ottawa; Dr. Henry I. Bowditch, of Boston; Dr. L. A. Dugas, of Augusta, Ga.; Dr. J. T. Hodgen, of St. Louis; Dr. Christopher Johnston, of Baltimore; Dr. Austin Flint, of New York; Dr. W. S. W. Ruschenberger, of the U. S. Navy; Dr. Joseph R. Smith, of the U. S. Army, and Dr. Edwin M. Snow, of Providence.

The "Address in Medicine" was then

delivered by Austin Flint, M.D., Prof. of Practice of Medicine in Bellevue Hospital Medical College, New York. In it the history of medicine and medical progress in the United States during the past century was studied from the philosophical standpoint of the agencies concerned in originating and modifying past events.

Referring to the influence exerted upon medical progress by medical journalism, Dr. Flint said the American Journal of the Medical Sciences, continued up to the present time, under the same title, issued by the several successors of the first publishers, Lea & Carey, for fifty years under the editorship of Isaac Hays, has had a powerful influence on the progress of medicine in this country. This influence has been exerted not less by its original communications than by its reviews, notices, and general intelligence. Without any disparagement of the numerous able and useful periodicals published during the last half century, may we not with a feeling of pride refer especially to a journal which, with such a history, is now the oldest living representative of medical periodical literature, and which has probably a circulation larger than that of any other in Europe or America?

The Committee on Nominations presented the following nominations as part of their report:—

President—S. D. Gross, M.D., LL.D., D.C.L. Oxon., Philadelphia.

Vice-Presidents—Dr. Paul F. Eve, Tennessee; Mr. Jolliffe Tufnell, Dublin; Dr. W. L. Atlee, Philadelphia; Dr. C. Lange, Copenhagen; Dr. T. G. Richardson, New Orleans; Dr. W. H. Hingston, Montreal; Dr. J. P. White, Buffalo; Dr. H. Miyake, Japan; Prof. N. R. Smith, Baltimore; Prof. M. Rudnew, St. Petersburg; Dr. J. M. Toner, Washington, D. C.; Prof. Hueter, Griefswald; Dr. J. B. Johnson, St. Louis; Dr. F. Semeleder, Vienna; Dr. Hunter McGuire, Virginia; Dr. Johan Hjort, Christiania, Norway; Dr. G. L. Collins, R. I.; Dr. R. F. Hudson, Australia; Dr. H. Gibbons, California; Dr. Pierre De Baisieux, Belgium; Dr. N. S. Davis, Chicago; Mr. William Adams, London; Dr. L. A. Dugas, Georgia; Prof. Simpson, Edinburgh; Dr. J. K. Bartlett, Wis.

Honorary Vice-Presidents — Surgeon-General Barnes, U. S. A.; Surgeon-General Beale, U. S. N.

Secretary-General—Dr. I. Minis Hays, Philadelphia.

Secretaries of Meeting—Drs. William B. Atkinson, R. J. Dunglison, R. A. Cleemann, W. W. Keen, R. M. Bertolet.

Section of Medicine—President, Prof. Alfred Stillé, Philadelphia; Secretary, Dr. J. Ewing Mears, Philadelphia.

Biology—President, Prof. J. C. Dalton, New York; Secretary, Dr. James Tyson, Philadelphia.

Surgery—President, Professor Joseph Lister, Edinburgh; Secretary, Dr. J. H. Packard, Philadelphia.

Dermatology and Syphilology — President, Dr. J. C. White, Boston; Secretary, Dr. A. Van Harlingen, Philadelphia.

Obstetrics — President, Prof. Robert Barnes, London; Secretary, Dr. William Goodell, Philadelphia.

Ophthalmology — President, Dr. R. Brudenell Carter, London; Secretary, Dr. John Green, St. Louis.

Otology — President, Dr. Clarence J. Blake, Boston; Secretary, Dr. H. N. Spencer, St. Louis.

Sanitary Science—President, Dr. Stephen Smith, New York; Secretary, Dr. E. M. Hunt, New Jersey.

Mental Diseases—President, Dr. J. P. Gray, Utica; Secretary, Dr. W. Kempster, Wisconsin.

The report was accepted, and the nominees were unanimously elected.

Dr. Gross, on taking the Presidential Chair, thanked the Congress for the honour conferred on him, and said that no other would be dearer to him during the remainder of his life than that of presiding over their deliberations. He considered it was an honour not solely bestowed on him, but as a tribute to the profession of Philadelphia, who had been so instrumental in organizing this Congress. To preside over such a body, he said, is an honour of no ordinary kind.

At 3 P.M., after luncheon, the Congress met in Sections.

Section I. *Medicine.*—The subject assigned for discussion was "Typho-mala-

rial Fever: Is it a Special Type of Fever?" and was introduced by Surgeon J. J. Woodward, U. S. Army.

Dr. Woodward made some preliminary remarks on the mortality of armies from disease, with comments on the comparison recently drawn by Professor Virchow between the mortality of the United States armies during the late civil war and that of the German armies during the war with France.

He then referred to the fatality of camp fevers during the American civil war, and to the general belief among medical officers early in the war that these fevers represented a "new type of disease."

The history of the introduction of the term typho-malarial fever was then given, and the proposition submitted that whenever great armies campaign in malarial regions the prevalent fevers are hybrids, between malarial fevers and some form of typhus. Historical illustrations were drawn from (*a*) the siege of Naples, 1528; (*b*) the Hungarian campaigns, from 1526 to 1788; (*c*) the morbus mucosus of Roederer and Wagler; (*d*) the Walchern expedition of 1809; (*e*) Virchow's comments on the fevers of the German army in France.

Dr. Woodward then remarked on the distribution of malarial fevers and of typhoid fever in the United States, and on their relation to season of year; on the substitution of malarial fevers in particular regions, or at particular times, by typhoid; on the early recognition of hybrid forms by Drake; and on the recognition of similar hybrids by European authors as well as by Americans.

The author then referred to the typho-malarial fever of the civil war. This term, he said, was never meant to represent a specific type of fever, but intended to designate all the many-faced brood of hybrid forms resulting from the combined influence of the causes of malarial fevers and of enteric fever. He then sketched the symptoms and pathological anatomy, and referred to the two great group of cases: those in which the malarial element predominates, and those in which the typhoid element predominates; and to the scorbutic taint as a complication of either group during the civil war.

After considerable discussion, the Section adopted as its opinion the following conclusion: Typho-malarial fever is not a special or distinct type of disease, but the term may be conveniently supplied to the compound forms of fever which result from the combined influence of the causes of the malarial fevers and of typhoid fever.

SECTION II. *Biology.* — Christopher Johnston, M.D., Prof. of Surgery in the University of Maryland, opened the discussion on the "Microscopy of the Blood." He referred to the original source of blood in vertebrates; elements of blood in vertebrates; the normal elements having *form* exclusively considered, as regarded from two points of view: *a*, that of anatomy and physiology; and *b*, that of medical jurisprudence; genesis of corpuscles; form of coloured corpuscles and their structure; leucocytes; size of coloured corpuscles; their enumeration; the coloured blood corpuscles in medical jurisprudence. The paper was descriptive, and no conclusions were presented.

SECTION III. *Surgery.*—Dr. John T. Hodgen, Prof. of Surgery in St. Louis Medical College, opened the discussion on "Antiseptic Surgery," and laid down the following propositions:—

I. Putrefaction may and does occur in the solids and liquids of the body both with and without the direct contact of germs borne in the air or water.

II. Putrefaction of the solids and liquids of an open wound may in many cases be prevented if the contact of living germs with the surface is not permitted, or by destroying their vitality after contact with it.

III. It is possible that the living solids and liquids of the body may be so altered that they shall not furnish the conditions necessary to putrefaction.

IV. Practically, the conditions to be met in preventing putrefaction are so difficult that in many cases it is impossible to comply with them. Yet, even partial success is eminently worthy of our best efforts.

This subject led to a very animated debate, which consumed the entire afternoon, and was adjourned to the next day.

SECTION IV. *Dermatology and Syphilology.*—The discussion on the "Variations

in Type and in Prevalence of Diseases of the Skin in Different Countries of Equal Civilization" was introduced by James C. White, M.D., Prof. of Dermatology in Harvard University. The Section adopted the following conclusions on the subject:—

1. Certain obscure affections, the etiology of which is little if at all understood, even in those parts of Europe to which they are mostly confined, may be regarded as practically non-existent among us—of such are *prurigo*, *pellagra*, and *lichen exudativus rubra*.

2. Certain diseases, directly connected with and dependent upon poverty and habits of personal uncleanliness, are less prevalent in the United States than in those parts of Europe of which we have sufficient statistical information for comparison. Examples of this class are the *animal parasitic affections* especially.

3. Some cutaneous affections of grave character, which are dependent upon, or a part of serious constitutional disorders, are of less frequent occurrence and of milder type amongst us than in Europe in general, or those parts of it where they are endemic. *Lupus*, the *syphilodermata*, and *leprosy* are the most marked instances of this class.

4. Certain disorders of the skin, especially those of its glandular systems, and these connected more immediately with its nervous system, are apparently more prevalent with us than in Europe. The most notable examples of the former are *seborrhœa*, acne, and possibly the heat rashes; of the latter, *herpes*, *urticaria*, and *pruritus*.

In addition to the above-mentioned conclusions, the following additional proposition was adopted by the Section:—

5. The type of certain acute congestive and nervous diseases of the skin is more severe in this country than abroad.

SECTION V. *Obstetrics.*—Prof. Robert Barnes, of London, on taking the chair, said: I do not know how I can express myself for the very unexpected honour of being called upon to preside over this Section, one of the most important connected with this Congress. In England we recognize the value of this branch of study but there is no country that can claim superiority over America in the development of the science of the subject. Your authors and writers are acknowledged as authorities, and, as you are in the lead, it is incumbent upon you to cultivate and improve your discoveries. It is doubly incumbent upon us to cultivate the practice of obstetrics, for it lies at the very root of the race, and unless you practise those sciences which make it more effective, we are cut off at the root.

I am not as yet familiar with the order of business, and shall have to depend upon the secretary, Dr. Goodell, and may need coaching from the vice-presidents and members. I have no doubt the secretary will aid me as to the names of those who take part in our discussions. That this is a great feature in the Congress no one can doubt. I was asked why I did not attend a congress in St. Petersburg, which might be called a great centre. I preferred to come here, and yet it seems singular to leave the centre and come to what we might call the outside. It is no slight task to spend three weeks of one's holiday on the stormy ocean; but our assembly to-day is an event, it might be called an epoch, in the history of medicine. I hope to hear some interesting discussions upon topics brought before us, and have no doubt I shall go back to my home wiser than when I came.

The question for discussion was "The Causes and the Treatment of Non-Puerperal Hemorrhages of the Womb," and it was introduced by William H. Byford, M.D., Professor of Obstetrics in Chicago Medical College.

The Reporter approached a sequential classification by showing—

(*a*) That the uterus is prone to hemorrhage, because of the conditions connected with menstruation;

(*b*) That the causes of metrorrhagia act by aggravating these conditions;

(*c*) That these causes sometimes have their origin in the nervous system, and sometimes in the vascular;

(*d*) That of the latter causes some operate by increasing the flow of blood through the uterine vessels, while others effect the same results by retarding the current of blood in them.

The mode of treatment advocated consists—(*a*) In removing the causes, and (*b*) in surgical, mechanical, and medicinal means to check the flow in great emergencies.

Section VI. *Ophthalmology.*—Henry W. Williams, M.D., Professor of Ophthalmology in Harvard University, introduced for discussion "The Comparative Value of Caustics and of Astringents in the Treatment of Diseases of the Conjunctiva, and the Best Mode of applying them."

He spoke of affections of the conjunctiva in which neither caustics nor astringents are indicated; of the various forms of conjunctivitis, and the extent in which caustics or astringents may be usefully applied; of the modes of applying these remedies to best advantage; and of complications—in which the conjunctivitis is the result of other morbid processes—or in which the existing morbid conditions are the consequence of previous conjunctivitis, with the treatment of such complications.

The conclusions offered by the Reporter were, after slight amendment, adopted by the Section:—

1. In a considerable number of essentially transient affections of the conjunctiva and in pterygium or other growths, no active treatment by caustics or astringents is required.

2. When disease affects only a limited portion of the conjunctiva, as in phlyctenular inflammation, the mildest stimulating or astringent remedies are usually sufficient.

3. In the acute and chronic forms of general conjunctivitis, astringents are, as a rule, safer, as well as more efficacious than caustics, and therefore better adapted to the requirements of the general practitioner.

Section VII. *Otology.*—The subject for discussion, "The Importance of Treatment of Aural Diseases in their Early Stages, especially when arising from the Exanthemata," was introduced by Albert H. Buck, M.D., of New York.

His remarks were based exclusively on affections of the middle ear associated with the formation of pus; the serious nature of this form of disease, oftentimes impairing the hearing very markedly, and occasionally terminating in death.

He remarked that the anatomical relations of the middle ear afford an explanation of the serious results that may follow an acute inflammation of these parts; on the impotent nature of the means commonly employed for the relief of such an inflammation; on the great value of paracentesis of the membrana tympani as a preventive of chronic purulent inflammation of the middle ear, and all its serious consequences.

The general practitioner was urged to acquaint himself with the use of the speculum and mirror, as means of ascertaining accurately the condition of the ear.

The Section adopted the following conclusions on the subject:—

1. Chronic Otorrhœa is at the present time a very common disease, due in most cases to the want of proper treatment during the acute stage of the affection.

2. It is by no means a harmless affection.

3. It may be fairly classed as a preventable disease; at least among those who possess a healthy constitution.

4. Paracentesis of the membrana tympani, if resorted to during the first few days of the acute attack, and if not carried out too timidly, *i. e.*, if a free incision be made and not a mere prick, is almost a sure preventive of the subsequent chronic disease.

5. The profession at large, and especially the medical schools, should give the subject more earnest thought than they have in the past.

Section VIII. *Sanitary Science.*—The discussion on the "Present Condition of the Evidence concerning Disease-Germs" was introduced by the Reporter, Thomas E. Satterthwaite, M.D., of New York.

He first considered the (1) Vegetable Germ Theory in contradistinction from other prominent theories, especially (2) the Bioplasm Theory, and (3) the Physico-Chemical Theory.

Especial attention was directed towards the following general topics: (*a*) The agency of minute, organized particles of a vegetable nature in the production of fer-

mentation and putrefaction; (*b*) the epidemic diseases of certain plants and animals in their relation to minute vegetable organisms; (*c*) rapid multiplication of bacteria *pari passu* with the rapid spread of disease manifestations throughout the system; (*d*) the constant ratio between the most active changes in the so-called septic diseases, such as pyæmia, erysipelas, and puerperal fever, with the numerical increase in bacteria at the points involved; (*e*) can any strictly chemical substance be a fever producer? (*f*) bacteria and disease poisons: their capacity for successfully maintaining active properties; (*g*) inoculation of bacteria in healthy tissues.

The following special topics were then considered:—

I. Bacteria: (*a*) their classification; (*b*) diagnosis; (*c*) appearances under varying conditions.

II. The poisonous fluids of infective diseases, as regards their physical properties and the solid particles contained in them.

III. The value of vacuum tube experiments.

IV. How far are either the Bioplasm or the Physico-Chemical Theories competent to explain the spread of infective diseases?

V. The poisons of special diseases, such as cholera, smallpox, the carbuncular diseases of men and animals, typhus and relapsing fevers, and diphtheria, in their relations to minute organisms.

The author's conclusions, after slight modification, were adopted as the opinion of the Section, as follows:—

1. That so far as inquiry has been made as to the results of the active principles in infective diseases, it is probable that in a certain number the matter is particulate or molecular in form, and in the instances named, in no sense a soluble substance.

2. That in regard to the causes of septicæmia, pyæmia, puerperal fever, erysipelas, and hospital gangrene, and in cholera, smallpox, the carbuncular diseases of men and animals, of typhoid and relapsing fevers, and diphtheria, there is not satisfactory proof that they are necessarily connected with minute vegetable organisms.

3. That the real nature of these causes is still uncertain.

A paper on the "Vital Statistics of the City of Buenos Ayres" was read in abstract by G. Rawson, M.D., of Buenos Ayres.

SECTION IX. *Mental Diseases.*—The first question for discussion, the "Microscopical Study of the Brain," was reported upon by Walter Kempster, M.D., Physician and Superintendent of Northern Hospital for Insane, Oshkosh, Wis.

He first gave a brief statement, outlining the progress made by recent investigators in studying the pathological histology of the brain in insanity, and the following subjects were introduced:—

(*a*) The importance of microscopic observations of the several cerebral membranes, to determine their pathological condition, and the relations that the various pathological states hold to the forms of mental aberration;

(*b*) The abnormalities in arterioles and capillaries, including the various deposits on the walls of the vessels; engorgement and its consequences; the several changes observed in the coats of the vessels; occlusion from minute thrombi; and embolism; alterations in the course of the vessels, and the effect these conditions have upon the surrounding brain tissue;

(*c*) Miliary aneurisms and miliary hemorrhages; the effect they have in the production of brain disease;

(*d*) The peri-vascular sheath, and peri-vascular canal, as they are found in cases of insanity, considered in their relations to adjacent brain tissue;

(*e*) The various alterations of structure and form noted in nerve cells and nerve fibres, in the several forms of insanity;

(*f*) The abnormalities in the neuroglia, and the conditions called "miliary sclerosis" and "colloid degenerations" were described, and the influence each condition has in impairing normal cerebral action was discussed;

(*g*) The various pathological conditions found in the microscopic examination of the brain in a number of cases of insanity were beautifully illustrated by means of

photo-micrographs and lantern views, made from fresh and prepared specimens. The pathological states observed were considered with reference to the mental symptoms noticed during the course of the various forms of insanity.

At 8 P.M. a Public Reception was tendered the Congress by the Medical Profession of Philadelphia, in Judges' Hall, Exhibition Grounds, Fairmount Park. It was largely attended by the delegates and their ladies.

September 5th. 2d General Meeting.—The Congress met at 10 A. M. The President, Dr. S. D. Gross, in the chair.

Reports from the various sections, containing the results of their deliberations, were read and accepted.

Dr. T. G. Richardson, of New Orleans, moved that the Congress holds itself in no way responsible for the conclusions adopted by the Sections. Adopted.

Dr. N. S. Davis, of Chicago, moved that the order upon the reports from Sections be only upon their acceptance and reference for publication.

The Secretary-General read letters of greeting to the Congress from the Imperial Medical Society of St. Petersburg, Russia, and from the University of Christiania, Norway. Also a letter from Assistant-Surgeon J. S. Billings, U. S. Army, presenting a copy of the Specimen Fasciculus of the Subject Catalogue of the National Medical Library.

Dr. Austin Flint, of New York, offered the following preamble and resolutions:—

Whereas, The institution of a National Library containing all the important bibliographical and periodical publications relating to medicine and the collateral sciences, in the past and present time, is of importance, not alone to the medical profession, but to persons in other pursuits who may desire to refer to works treating of topics embraced in these departments of knowledge, and also concerns greatly the public welfare in so far as this is involved in the elevation of the standard of medical education; and

Whereas, Through the wisdom of the National Legislators of the United States Government, a medical library has been established, containing, at the present time, about 40,000 volumes, and about the same number of single pamphlets; and

Whereas, Experience has already shown the practical advantage of the present library, and, at the same time, the great need of its being made more complete by increasing at least tenfold the number of publications which it now contains; and

Whereas, In order to render such a library available for reference, especially to medical men and others residing at a distance, a catalogue wherein publications are classified after the names of authors and subjects, the scope of each publication being stated, is indispensable; and

Whereas, Such a catalogue of the National Medical Library has been prepared under the direction of the Surgeon-General of the United States Army by Assistant-Surgeon J. S. Billings, and copies of a specimen fasciculus having been forwarded for examination by the members of the International Medical Congress; therefore

Resolved, First. That the members of this International Medical Congress regard with great interest the institution of a National Medical Library, in the City of Washington, and respectfully petition the Congress of the United States to provide for additions to the number of volumes and periodical publications, until the library is made as complete as possible.

Second. That in view of the necessity of what is known as a *Catalogue raisonné* in order to render the Library properly available for reference, this International Medical Congress urges the importance of an early completion and publication of such a catalogue.

Third. That the Specimen Fasciculus of the Catalogue, which is stated to be nearly ready for the press, affords evidence of great labour and care, and the arrangements for convenience of reference it is believed will prove in all respects satisfactory.

Fourth. That those of the delegates to this International Medical Congress who are citizens of the United States, and other members of the medical profession

in this country, are urged individually to exert their influence to secure the enlargement of the Library and the speedy publication of the Catalogue. Adopted.

The Committee on Nominations presented the following additional report, which was accepted, and the nominees were unanimously elected.

Committee on Publication (with power to choose its chairman and an editor)—Dr. John Ashhurst, Jr., Dr. R. J. Dunglison, Dr. William Goodell, Dr. James H. Hutchinson, Dr. Caspar Wister.

Vice-Presidents of the Sections.

Medicine—Dr. R. P. Howard, Canada; Dr. J. J. Woodward, U. S. A.

Biology—Dr. A. Flint, Jr., New York; Dr. F. W. Campbell, Canada.

Surgery—Dr. J. A. Grant, Canada; Dr. J. Ashhurst, Jr., Philadelphia.

Dermatology and Syphilology—Dr. S. Englested, Copenhagen; Dr. E. Shippen, U. S. Navy.

Obstetrics—Prof. Alex. Simpson, Edinburgh; Dr. W. H. Byford, Illinois.

Ophthalmology—Dr. William Thomson, Philadelphia; Dr. Henry W. Williams, Boston.

Otology—Dr. A. H. Buck, New York.

Sanitary Science—Dr. J. S. Billings, U. S. Army; Dr. H. B. Baker, Michigan.

Mental Diseases—Dr. I. Ray, Philadelphia; Dr. E. Grissom, North Carolina.

The address on "Hygiene and Preventive Medicine," by Henry I. Bowditch, M.D., President of the State Board of Health of Massachusetts, was then read, Vice-President Paul F. Eve, M.D., of Tennessee, in the chair. Of this address the following is a brief abstract:—

The paper stated that public hygiene, as we now understand that term, has, till within a very short time, been wofully neglected; save when, under the stimulus of some great and terrible epidemic, frantic but temporary efforts have been made to stay the plague by hygienic or by other means. Of late, however, a new and better era seems opening to our view, and State preventive medicine affords us higher hopes for all coming time. To this last, this noblest phase of public hygiene, its very gradual evolution out of the dogmatism and scepticism of the past, its present status, our duties relative thereto, and our golden hopes for its future, the writer craves the candid consideration of the Congress.

During the past three or four years there has sprung up in many parts of the country a widespread thoughtfulness about the great necessity of hygienic measures. A large majority of the States and Territories of this Union do not appreciate the duties devolving upon them to care for the health of their citizens. Of the forty-eight governments in this Union thirty-four show but little care for the health of their citizens.

With reference to public hygiene, thirty-six States reply that they are unwilling to spend money for the formation of local or State Boards of Health, and ten reply that they are willing.

To the question, Is the State willing to spend money to carry out scientific investigation as to the cause of disease? thirty answered, no; and twelve, yes.

To the question, Is the State willing to spend money to suppress noxious or offensive trades? twenty-six answered, no; and fourteen, yes.

To the question, Is the State willing to spend money to prevent the adulteration of food? twenty-three answered no, and sixteen yes.

To the inquiry, Is the State willing to spend money to prevent the cattle disease? twenty-one answered, no; and ten, yes; and to the inquiry, Is the State willing to spend money to carry on investigations tending to Public Health, or to prevent ill health? twenty-eight answered, no; and ten, yes.

Twelve only of the States have State Boards of Health, and not one has a full list of correspondents.

In but four of the States have county boards of health been established by law. Not one State has ever made a sanitary survey of its territory.

Twenty States answer that they have a law for the registration of births, deaths, and marriages, and sixteen have none.

Twenty-four States report that nothing has been done for the drainage of land,

and one cannot but recommend the example of Illinois to the consideration of her sister legislatures.

To the question, Has any law been passed looking to the irrigation of land? five answered, yes; and thirty-one, no. All the affirmative replies, except one, viz., Utah, report that it was done for agricultural purposes. In but fourteen of the States has any law been passed for introducing water into cities.

To the questions, Has any law been passed relative to the prevention of contagious diseases? 1st. Smallpox, sixteen answer, no; twenty-one, yes. 2d. Cholera, twenty-one, no; sixteen, yes. 3d. Yellow fever, twenty, no; twelve, yes. 4th. Cattle disease, twenty, no; eleven, yes.

Relative to the passage of a law regulating tenement houses for the poor, Dr. Bowditch said there are houses in this country and in Europe where the poor are obliged to reside, and where it is impossible for them to grow up except to crime, filth, and disease.

Two-thirds of the people of this Union are living utterly regardless of whether they are drinking pure water, or water impregnated with filth.

The address on "Medical Chemistry and Toxicology" was then delivered by Theodore G. Wormley, M.D., Professor of Chemistry in Sterling Medical College, Columbus, Ohio.

The *Sections* met at 2 P. M.

Section I. *Medicine.*—Dr. J. Lewis Smith, Physician to the New York Infant's Hospital, introduced the discussion on the question "Are Diphtheritic and Pseudo-membranous Croup Identical or Distinct Affections?"

The points made by the author were, that croup is a local malady, and that diphtheritic laryngitis is the expression or manifestation of a general malady.

He referred to the anatomical characters of the affections, and adduced evidence to show that they are identical in kind as regards the state of the larynx, but differing in degree or intensity.

He illustrated his remarks by clinical facts, which indicated their duality.

The following conclusion was adopted by the Section: That in view of the wide diversity of opinion at present existing as to the relations between diphtheria and croup, the Section on Medicine prefers to recommend the paper of Dr. J. Lewis Smith to the Congress for publication, with the expression of their opinion of its high value as an important contribution to the literature of the subject, but without the expression of any definite conclusion upon the point at issue.

Section II. *Biology.*—The subject for the afternoon's discussion was "The Excretory Function of the Liver," with Austin Flint, Jr., M.D., Prof. of Physiology in Bellevue Hospital Medical College, New York, as Reporter. The following conclusions of the Reporter were adopted by the Section:—

1. Cholesterin exists in health in the bile, blood, and nervous matter, also in the crystalline lens, the spleen, and meconium.

2. Cholesterin is formed for the most part in the nervous matter, from which it is passed into the blood. The blood gains cholesterin in its passage through the brain. Its formation is constant, and it is always found in the blood.

3. Cholesterin is separated from the blood by the liver, and discharged with the bile. It pre-exists in the blood, serves there no useful purpose, and, if allowed to accumulate, blood poisoning results.

4. The bile has two separate and distinct functions, one connected with nutrition, to which the so-called biliary salts, glycocholate and taurochlolate of soda, contribute; these do not exist preformed in the blood, but are products of *secretion.* The second function of the bile is *excretory*, connected with depuration or excretion; this is accomplished by the removal of the cholesterin which it obtains from the blood.

5. Normal feces do not contain cholesterin. The latter substance is represented by *stercorin*, formerly called serolin, into which it is converted in its passage down the intestine. The conversion of cholesterin into stercorin does not, however, take place when digestion is arrested or when it is not necessary, as is shown by the presence of cholesterin in its own

form in the feces during fasting, and in the meconium.

6. The difference between the two varieties of jaundice, one mild and the other severe, is dependent on obstruction of the bile-ducts in one instance, with reabsorption of the biliary colouring matters, while in the other there is retention of cholesterin in the blood in consequence of destruction of the parenchyma of the liver.

7. That condition of the blood dependent upon the presence of cholesterin in the blood is called *cholesteræmia*. It is characterized by symptoms referable to the brain, and may or may not be attended with jaundice.

8. Cholesteræmia does not occur in every disorder of the liver, because, even when a part of the organ is disorganized, there may remain a part still capable of performing the functions of excreting cholesterin.

9. In cases of simple jaundice, even when feces are decolourized, there is no accumulation of cholesterin in the blood.

10. Cholesterin bears the same relation to the liver as urea does to the kidneys.

Section III. *Surgery*.—The afternoon was devoted to the continuation of the discussion of the previous day on Antiseptic Surgery, the principal speaker being Mr. Joseph Lister, Prof. of Surgery in the University of Edinburgh. His remarks were illustrated by a partial demonstration of his antiseptic method.

The Section decided by vote that it was unable, in the present state of the subject, to come to any distinct conclusion in regard to the antiseptic method.

Section IV. *Dermatology and Syphilology*.—Question, "Are Eczema and Psoriasis Local Diseases, or are they Manifestations of Constitutional Disorders?" Reporter, L. D. Bulkley, M.D., of New York. His arguments were drawn from—

I. Nature of the eruption in constitutional disorders affecting the skin, as in the contagious fevers, syphilis, etc.

II. Nature of local diseases.

III. Microscopic anatomy of eczema and psoriasis.

IV. Clinical history of eczema and psoriasis; *a*, age; *b*, sex; *c*, location; *d*, relapses; *e*, hereditary transmission; *f*, gouty and rheumatic symptoms; *g*, urinary disturbances; *h*, bronchitis, etc.

V. Clinical history of local diseases, epithelioma, verruca, parasitic and mechanical diseases of the skin, etc.

VI. Effect of local treatment.

VII. Effect of constitutional treatment.

The conclusions offered by Dr. Bulkley and adopted by the Section are as follows:

1. Eczema and psoriasis are distinct diseases. The former is to be clearly distinguished from artificial dermatitis, and the latter from the eruptions of syphilis, scaly eczema, and leprosy.

2. Eczema and psoriasis cannot own a double causation or nature at one time local and at another constitutional; but, with other diseases, may have a twofold cause, a predisposing and an exciting.

3. Eczema and psoriasis in many of their features resemble the accepted constitutional diseases more than they do those recognized as local.

4. Eczema is most properly likened to catarrh of the mucous membranes; it is very probable that some attacks called catarrh are eczema and psoriasis of the mucous tissue.

5. Both eczema and psoriasis resemble gout and rheumatism in certain respects, and are dependent upon a somewhat similar, although as yet unknown, constitutional cause; much of the skin lesion must be looked upon as the local result or remains of the diseases.

6. There as yet exists no microscopical or physiological proof that eczema and psoriasis are the sole result of local cell disorder, either congenital or acquired, or due alone to perverted nerve action.

7. Local causes play a very important part in the etiology of eczema. They are probably inoperative in psoriasis.

8. Local treatment is often insufficient alone to remove the lesions of eczema and psoriasis, and cannot prevent or delay relapses; its success does not necessarily demonstrate the local nature of these affections.

9. Constitutional treatment, alone and singly, can cure many cases of eczema and psoriasis, and prevent or delay relapses in a certain proportion of cases;

under constitutional treatment is included every agency not properly classed among local measures.

10. The total weight of evidence and argument is that eczema and psoriasis are both manifestations of constitutional disorders and not local diseases of the skin.

There was also read in this Section an interesting paper on "Leprosy," by F. H. Enders, M.D., Government Physician to Sandwich Islands, and one entitled "What is the Disease known as Lupus," by Dr. Woskrijinjky, of St. Petersburg.

SECTION V. *Obstetrics.*—The question for discussion, "The Mechanism of Natural and Artificial Labour in Narrow Pelves," was introduced by Wm. Goodell, M.D., Clinical Professor of Diseases of Women in University of Pennsylvania.

After defining a narrow pelvis, and describing the more common kinds of pelvic deformity, the following topics, regarding alone the mechanism of labour, were introduced for discussion:—

I. How does the head enter and pass the brim in the flat pelvis; and how in the generally contracted pelvis? The commonly accepted doctrine of the initial flexion of the head was contested.

II. How does the after-coming head behave in the flat pelvis, and how in the generally contracted pelvis?

III. What effect has instrumental interference on the mechanism of labour in such pelves?

IV. Has turning any mechanical advantages over the use of the forceps?

Regarding then the mechanism alone of labour in narrow pelves, to which the scope of this paper is strictly limited, the following conclusions were reached:—

1. The unaided first-coming head, and the aided after-coming head observe in a flat pelvis precisely the same general laws of engagement and of descent. Hence, version here means art *plus* nature.

2. The forceps, however, applied in a flat pelvis antagonizes more or less with the natural mechanism of labour. Hence, the forceps here means art *versus* nature.

3. The aided and the unaided first-coming head observe in a uniformly narrowed pelvis precisely the same laws of engagement and of descent. But version violates these laws. Hence, the forceps here means art *plus* nature; version, art *versus* nature.

4. That at, or above, the brim of a flat pelvis, the fronto-mastoid, or even the fronto-occipital, application of the forceps interferes less with the moulding of the head, and violates the natural mechanism of labour less than the biparietal pelvis.

5. In the flat pelvis, the vectis aids the natural mechanism of labour, and, therefore, meets the indications better than the forceps.

Dr. T K. Holmes, of Chatham, Canada, then read a paper on the "Management of Convulsions in Children depending upon a High Temperature of the Body."

Dr. Julius F. Miner, of Buffalo, read a paper on the "Enucleation of the Ovarian Cyst."

SECTION VI. *Ophthalmology.* — "Tumours of the Optic Nerve." In opening this discussion, Dr. Hermann Knapp, of New York, presented a careful analysis of all recorded cases, including those which had fallen under his own observation.

Dr. C. R. Agnew, of New York, presented a valuable paper, entitled "Contributions to the Statistics of the Conditions of the Eyes of Scholars."

SECTION VII. *Otology.*—The question "What is the best means of Testing the Hearing?" was reported upon by Dr. Charles H. Burnett, Aural Surgeon to the Presbyterian Hospital in Philadelphia.

He considered (I.) the character of the three principal tests (the watch, the tuning-fork, and speech) in use among aurists. The manner in which these tests are heard by the normal ear, and wherein the diseased ear fails to hear them.

II. Deficiencies and discrepancies in the hearing power of the diseased ear. In some cases the power to hear certain sounds in the musical scale drops out, while the power to hear others remains comparatively good.

Can disease be diagnosed by the manner in which an ear hears certain tests? If so, what will give most aid in such a search? Most probably the voice.

III. *Manner of Testing.*—(*a*) The importance of isolation of the better ear,

during the test, in one-sided deafness. In any case, important to know how much is heard through the air, and how much is conveyed through the bones of the head. Want of precision in this has led to great errors in diagnosis and prognosis, in cases in which the nerve is good, but in which the sound-conducting apparatus, chiefly the middle ear, has been greatly diseased.

(*b*) Consideration of what is needed for any form of test. An arbitrary sound unit may be established. Its usefulness and its objections. An apparatus might be made to give out a set of notes of fixed value. The usefulness of such an apparatus as well as its disadvantages. How well the demands of any test are met by watch, tuning-fork, and *human voice*. Conclusions favourable to the latter drawn from preceding remarks, with the recommendation of a series of test words.

SECTION VIII. *Sanitary Science.*—The discussion on the question of "Hospital Construction and Ventilation" was opened by a valuable historical paper by Dr. Stephen Smith, Prof. of Orthopædic Surgery in University of City of New York.

Dr. J. S. Billings, U. S. A., explained the preliminary plans for the Johns Hopkins Hospital, Baltimore.

SECTION IX. *Mental Diseases.* — The "Responsibility of the Insane for Criminal Acts." The following is a summary of remarks made by Dr. Isaac Ray, of Philadelphia, in opening the discussion on this subject:—

Still great differences of opinion among physicians, lawyers, and men of the world on the question how far insanity shall be admitted as an excuse for crime. Lord Hale's doctrine that partial insanity—that in which the patient is reasonable and correct on many subjects—does not necessarily exempt one from the penal consequences of crime, still shapes the decisions of English and American courts. Tests for determining what kind of partial insanity does and what does not excuse for crime are diverse, unsatisfactory, and none supported by correct scientific knowledge of insanity. Delusion has been decided to be a sufficient excuse only when the criminal act committed under its influence would have been legally justified had the delusion been true. Notwithstanding many of the insane think and act correctly to some extent, yet it is impossible to say, with any near approach to certainty in any given case, where sanity ends and insanity begins.

Two mistakes are made by lawyers in estimating the responsibility of the insane, viz.: they define the scope of the influence of the mental disorder in an arbitrary manner, unsupported by the facts of psychological science, and they regard the affective faculties as without any part in the play of disease. The latter mistake pervades the theories of the law and the judgments of those who pretend to no law. The moral like the intellectual faculties are dependent for their exercise on the brain—the larger part of the brain, probably, being devoted to this purpose. Consequently, disease of the brain must necessarily affect the manifestations of these faculties. Whether the one or the other class, or both, is affected will depend on the part of the brain diseased. Sanity supposes the integrity of all the faculties, moral as well as intellectual. If this integrity is destroyed, insanity is the result, wherever the lesion may be. Whatever faculties may be affected or not affected, apparently, responsibility is presumably impaired. It is for the party alleging the contrary to prove it. Punishment of persons admitted to be insane, for criminal acts, has been advocated for the sake of the example. No good effect can be shown by a single case in point. Patients in our hospitals are never punished; they may be deprived of a favour or privilege which they have shown themselves incapable of using properly.

Wrong as our present mode of procedure is, no change for the better seems very practicable, unless it may be that which takes the question of insanity entirely from the court and gives it to the jury as one exclusively of fact.

The Section adopted, by unanimous vote, the following conclusions: 1. There is at present a manifest tendency to hold the insane responsible for criminal acts. 2. That this tendency is unjust, unphilosophical, and contrary to the teachings of

pathology, which clearly points out that insanity is but the expression of disease.

September 6th, 10 A. M. *3d General Meeting.*—Dr. Gross, President, in the chair.

Reports from the various Sections were received and accepted.

Dr. John L. Atlee, of Lancaster, Pa., moved that the Committee on Publication be instructed to send to the governor of each State and Territory, for transmission to their respective legislatures, a copy of the address of Dr. Bowditch on Hygiene and Preventive Medicine. Adopted.

On motion of Dr. Trenholme, of Montreal, each Province of the Dominion of Canada was included.

The following resolutions from the Section on Medicine were adopted:—

Resolved, That the International Medical Congress of 1876 recognizes the advantages which would accrue from the introduction of a gradual uniformity in the multiple and heterogeneous elements of physic, as posology, nomenclatures, etc., and in the means and records of medical observation.

Resolved, That in consequence this Congress authorizes the President to appoint three delegates to the International Congress of 1877, with the special mission of presenting a schedule of the means of uniformity in physic actually applicable in all countries, and another of those which could soon be made acceptable by the profession at large.

Resolved, That the said delegates be advised to invite the co-operation of the men who have already worked for the same cause at the International or National Medical or Pharmaceutical Congress of Paris, Vienna, St. Petersburg, Brussels, and Buffalo.

Under the resolution the following delegates were appointed: Henry I. Bowditch, of Boston, Dr. J. J. Woodward, of Washington, and E. Seguin, of New York.

The "Address in Surgery" was then delivered by Paul F. Eve, M.D., Prof. of Surgery in University of Nashville; Prof. Rudnew of St Petersburg, Vice President, in the chair.

After this the "Address on Medical Biography" was read by Dr. J. M. Toner, of Washington, D.C. He said: I appear before you to discharge the duty assigned me of preparing a biographical retrospect of the medical profession of the United States during the Centennial period just passed.

In glancing over the period to be embraced in this retrospect, I am struck by the paucity of really striking events which influenced the practice of medicine, and that have left special marks at the end of the first century of our national existence. Wars have generally been promotive of medical science, and our profession was no doubt much benefited by the contest for independence.

For the first quarter of a century after this armed struggle, the leading physicians and surgeons were those who had served in the army. The most notable event of this period was the occurrence of an epidemic of yellow fever, which appeared in the summer of 1793 and 1798 in nearly all our Atlantic cities. This disease tested the courage and taxed the energies and best skill of the profession, and prompted the more eminent to reduce their observations to writing and to have them published either in defence of their practice or for the laudable purpose of making contributions to medical science.

The second quarter of the Centennial period was distinguished by the introduction of vaccination, the occurrence of spotted fever, and the war of 1812. All of these were events which stimulated the profession to more extended studies and became incentives to authorship; this was especially true of the disease known as spotted fever.

The war of 1812 proved to be another great school of experience, although it was not fruitful in medical reports or publications. The aspiration which it aroused, however, in the profession, gave an impetus to the establishment of medical periodicals and the founding of medical colleges and hospitals.

In following out the plan of dividing the century into quarters, the third may be marked as noted for the discovery of anæsthesia, the epidemic of Asiatic cholera of 1832 and 1848, and the war with Mexico, as well as the discovery and the

application of many new and improved methods of physical exploration in the search for disease.

The last quarter which has just closed is specially distinguished by the vast experience of the late war, which was a great school, and which has benefited the medical profession of the whole country.

After luncheon, the Congress reconvened in *Sections* at 2 P. M.

SECTION I. *Medicine.*—Dr. Roberts Bartholow, Prof. of Medicine in Medical College of Ohio, opened the discussion on the question, "Do the Conditions of Modern Life favour specially the Development of Nervous Diseases?"

The author quoted numerous references in the writings of the ancients to mental and nervous maladies, and spoke of the influence in ancient times of those conditions supposed to be most active in our day in the production of nervous maladies, viz., social excitements, political revolutions, sexual excesses, indulgence in wine.

He mentioned the recognition of nervous maladies in the sixteenth century, and said, that if in modern times an increase in nervous maladies had occurred, the result must be exhibited to a limited extent in an increased sickness and mortality rate. With the improvement in the general well-being wrought by our modern civilization, a manifest increase in longevity has occurred. With an improved hygiene, the sickness rates and the mortality from epidemics have diminished.

The supposed increase in the number of nervous diseases is more apparent than real.

The art of printing has greatly increased the diffusion of knowledge amongst men, and hence every medical fact has not only a more prominent record, but is more generally known.

In modern times, within this century especially, nervous diseases have been more accurately studied and better differentiated.

The growth of a higher humanitarian sentiment has led to a more abundant provision for the insane.

The paper was recommended by the Section for publication, but without an expression of the opinion of the Section on the question involved.

A "Contribution to the Etiology of Epilepsy" was then read by Wm. B. Neftel, M.D., of New York.

SECTION II. *Biology.*—Prof. Rudnew, of St. Petersburg, presented four papers emanating from the Institute of Normal Histology, St. Petersburg, viz.: On the Structure of the Sweat Glands in Man, the Horse, and Sheep, by Dr. Galani; On the Nerves and their Termination in the Pleuræ of the Rabbit, the Dog, and the Cat, by Dr. Lebedeff; Upon the Microscopical Anatomy of the Nervous Apparatus of the Bronchi and Lungs in the Frog, the Rabbit, and the Dog, by Dr. Jantchich; Upon the Endings of the Nerves in the Skin of Man, by Dr. Jantchich.

Dr. J. G. Richardson, of Philadelphia, also read a paper on the Occurrence of Fungous Growths in Solutions for Hypodermic Medication, and their Prevention by Salicylic Acid.

SECTION III. *Surgery.*—"The Medical and Surgical Treatment of Aneurism" was reported upon by William H. Van Buren, M.D., Professor of Surgery in Bellevue Hospital Medical College, New York. The following is a summary of the views presented:—

After a glance at the causes of aneurism and the sources of information at the command of the reporter, he enumerated the several modes of treatment at present in use, and endeavoured to estimate the remedial value and especial applicability of each.

In a given case of aneurism, he considered what method or methods, in the present state of our knowledge, promise the most safe and most certain cure.

The following mooted questions were touched upon, viz.: (*a*) Why the blood congulates so much more promptly in some cases of aneurism than in others where conditions are apparently alike; (*b*) The value of antiseptic treatment in securing quick union of the wound after applying a carbolized catgut ligature for the cure of aneurism after the Hunterian method; (*c*) The propriety of employing the carbolized catgut ligature upon a

large artery; (*d*) The value of the "constricting" ligature of silver wire; (*e*) The comparative value of rapid and slow pressure; (*f*) The value of galvano-puncture—of congulating injections, etc.

The following conclusions, offered by Dr. Van Buren, were adopted.

1. Tufnell's treatment of aneurism, by rest, position, and restricted diet, offers a valuable resource in thoracic and abdominal aneurisms.

2. It should always be tried in innominate, subclavian, subclavio-axillary, and iliac aneurisms, before resorting to measures attended by risk to life.

3. For aneurisms of the subclavian and iliac arteries, the Hunterian operation, with our present means of preventing secondary hemorrhage, is not justifiable.

4. For reasons formally set forth by Holmes and Henry Lee, the "old operation" cannot properly be substituted for the Hunterian operation in these cases, but should be held in reserve for special cases.

5. It is the most safe and surgical resource in gluteal aneurism, if the circulation can be commanded by the hand *in secto*.

6. The mode of cure by embolism, aimed at in the method of manipulation, is a not unfrequent explanation of what is called spontaneous cure of aneurism.

7. The value of Esmarch's bandage in the treatment of aneurism is probably not fully estimated.

8. In view of the promising features presented by the cases of Levis and Bryant, in which horse-hair was introduced into an aneurismal tumour, the repetition of this operation, or the substitution for horse-hair of Lister's prepared catgut or other animal substances, may be properly tried.

Mr. Jolliffe Tufnell, of Dublin, made some interesting remarks on the treatment of aneurism.

SECTION. IV. *Dermatology and Syphilology.*—The question assigned for discussion was "The Virus of Venereal Sores; its Unity or Duality," and the reporter was Freeman J. Bumstead, M.D., late Professor of Venereal Diseases at College of Physicians and Surgeons, New York.

The author stated that three views as to the origin of venereal sores have been entertained:—

1. All venereal sores are due to a single specific virus, the virus of syphilis.

2. Some venereal sores are due to the syphilitic virus, and others to a distinct virus, known as the *chancroidal*.

3. Some venereal sores are due to the syphilitic virus, and others to the inoculation of the products of simple inflammation, in which latter case no specific virus exists.

The evidence for and against each of these suppositions, drawn from clinical experience and artificial inoculation, was then given.

The conclusions of the Reporter were adopted by the Section, with some modifications, as follows:—

1. The virus of venereal sores is dual.

2. Venereal sores may be due to the inoculation of the syphilitic virus, and also to the inoculation of products of simple inflammation.

3. These two poisons may be inoculated simultaneously.

4 (additional). The present state of science has demonstrated that suppurating inflammatory lesions resembling chancroids may be produced on various portions of the body by inoculation with simple pus from various lesions.

A paper upon the same subject by Charles R. Drysdale, M.D., Senior Physician to Metropolitan Free Hospital, was read by title.

Dr. Chas. Heitzmann, of New York, read a paper on the "Treatment of Seborrhœa."

SECTION V. *Obstetrics.*—Dr. Washington L. Atlee introduced the question of "The Treatment of Fibroid Tumours of the Uterus."

The subject was treated mainly from the standpoint of personal experience.

Two principal divisions of the subject were stated, as:—

I. Tumours usually accompanied with hemorrhage, embracing (*a*) fibroids occupying the vaginal canal; (*b*) fibroids within the cavity of the uterus; (*c*) interstitial submucous fibroids; (*d*) interstitial fibroids proper; (*e*) recurrent fibroids.

II. Tumours usually not accompanied with hemorrhage, including (*a*) interstitial subperitoneal fibroids; (*b*) sessile peritoneal fibroids; (*c*) pedunculated peritoneal fibroid; (*d*) interstitial cervical fibroid; (*e*) myomatous degeneration of the uterus; (*f*) fibro-cysts of the uterus.

The author considered the best mode of treatment both surgical and medicinal —the removal of tumours *per vias naturales*—and by abdominal section—the propriety of extirpating a fibroid uterus by either of these methods—a consideration of the several agents which are supposed to control the growth of fibroid tumours.

A paper entitled, "The Three most Important Obstetrical Instruments," by Professor Lazarewich, of the University of Kharkoff, Russia, and a paper on "Electrolysis, especially for the Cure of Ovarian Cysts," by Frederic Semeleder, M D., late Lecturer at the University of Vienna, were read.

SECTION VI. *Ophthalmology.*—Dr. E. Williams, Prof. of Ophthalmology in Miami Med. Coll. of Cincinnati, was the Reporter on "Orbital Aneurismal Disease and Pulsating Exophthalmia: their Diagnosis and Treatment."

Dr. George C. Harlan, of Philadelphia, contributed the notes of two cases of orbital aneurism.

SECTION VII. *Otology.*—Question, "In what percentage of cases do Artificial Drum-membranes prove of Practical Advantage?" Reporter, H. N. Spencer, M.D., of St. Louis.

After reviewing the history of the artificial drum-membrane, the author considered (*a*) the condition of the ear admitting of its use; (*b*) contraindicating conditions.

He then took up (*a*) the forms of artificial drum-membranes (under which head a preference was stated for Yearsley's cotton-wool). (*b*) The offices performed functional and therapeutical.

When the conditions are the most favourable it was claimed that the cases are the fewest in number where the artificial drum-membrane will be worn, whether the reasons be objective or subjective.

The Section then adopted the conclusions of the Reporter, as follows:—

1. Of the various forms of artificial drum-membrane in use, the cotton pellet is preferable for its greater simplicity and its easier introduction, for the greater uniformity of its effect and the comparative safety in its employment.

2. It has an advantage over all other forms of artificial drum-membrane in that, additional to the functional gain which may be derived, there may be added its value as a means of treating the tympanum, and this therapeutical use of the artificial membrane has a great future in otology.

3. The continued use of the artificial drum-membrane as a means of improving the hearing is indicated in rare conditions which can only be determined by the aural surgeon.

A valuable paper on "Certain Modifications of the Ordinary Methods of treating Chronic Non-Suppurative Inflammation of the Eustachian Tubes and Middle Ear" was read by Samuel J. Jones, M.D., Prof. of Otology in Chicago Med. College.

SECTION VIII. *Sanitary Science.*—Question, "The General Subject of Quarantine, with particular reference to Cholera and Yellow Fever." Reporter, J. M. Woodworth, M.D., Supervising Surgeon-General U. S. Marine Hospital Service.

After reviewing briefly the practice of quarantine in the past, and as at present administered, the mode of propagation of cholera and yellow fever was discussed with the view of arriving, as near as possible, at what precautions are necessary and what restrictions superfluous in the administration of quarantine, which led to the principal question—the practice and methods which should be pursued to secure the greatest protection to the public health against cholera and yellow fever with the least restriction upon commerce:—

In this connection was considered (*a*) the want of prompt information to threatened ports of the shipment of passengers or goods from infected districts; (*b*) The question of time as an element in quarantine; (*c*) The value and practice of disinfection; (*d*) The importance of mu-

nicipal sanitary coöperation; and (*e*) What may be gained by imparting to masters of vessels correct views of sanitary measures to be enforced by them in outbreaks of cholera or yellow fever on shipboard, etc.

The following conclusions of the Reporter were adopted by the Section:—

1. The supervision of ocean travel ought to be directed to securing good sanitary condition of vessels at all times, out of as well as in port.

2. A system of *Port Sanitation* should be adopted and administered for each country or place, separately, modified in particular cases by taking into account the liability of the port to infection, the period of incubation of the disease, the length of time consumed in the voyage, and the measures enforced by the vessel *en route*.

3. In some countries the detention of passengers and crews of ships hailing from infected ports is warranted, but for such time only as is necessary to complete the period of incubation of cholera or yellow fever, counting from the date of departure from an infected port or landing from an infected vessel; but in no instance should passengers or sailors be held for observation on board an infected vessel, and such vessel should not be detained beyond the period required for inspection and thorough disinfection and cleansing.

4. Recognizing the fact that the modifications of infectious diseases may sometimes elude the most vigilant sanitary supervision of shipping, the importance of wisely directed internal sanitary measures can scarcely be overestimated.

5. So far as America is concerned, it is desirable that prompt and authoritative information should be had of the shipment of passengers or goods from cholera and yellow fever infected districts, thereby insuring the thorough disinfection of infected articles.

6. It is believed that the endemic forms of cholera and yellow fever are the fields which give the greatest promise of satisfactory results to well-directed and energetic sanitary measures, and to this end an international sentiment should be awakened, so strong as to compel the careless and offending people to employ rational means of prevention.

SECTION IX. *Mental Diseases.*—Question, "Simulation of Insanity by the Insane." Reporter, C. H. Hughes, M.D., of St. Louis, Missouri. The following is a brief summary of his remarks:—

The feigning of insanity by the sane has been long recognized as a practical fact. The possibility of similar efforts on the part of men really insane has been ignored or forgotten. The fact that the proof of simulation possesses no real practical value, in the case of a person already adjudged to be insane, is, probably, one cause of the rareness of recorded cases.

Advanced general dementia is incompatible with simulation. Acute and general mania is also incapable of coexistence with feigning. In recovery from the latter condition, circumstances might easily give rise to simulation of a state recently passed through. Experience and observation might certainly help to an excellent imitation of a state so lately endured.

Simulation requires and implies some degree of rationality, and usually some motive. This is by no means incompatible with insanity. In the remissions of periodic mania, in certain cases of chronic general mania and certain forms of hysterical mania, and especially in affective or moral insanity without distinct intellectual impairment, simulation is perfectly possible and practicable. The existence of susceptibility to ordinary motives is recognized in the management of every insane asylum.

Striking instances of success in the simulated abandonment of delusions, so common in alienistic literature, suggest an equal facility at invention or pretence.

The criminal classes of our great cities are born and trained to deception. Simulation might very naturally be added to constitutional infirmity. Such cases probably occur oftener than is supposed. Many famous and historic cases might be most correctly characterized as compounds of simulation with actual disease.

Rarely does insanity affect all the faculties alike. Among the rational acts done

by the insane man simulation may happen to occur. Especially probable is it that a man recovering from mania might imitate the crazy acts recently prompted by disease if adequate motive existed.

Simulation is peculiarly practicable in those forms of insanity which involve the affective faculties, leaving the intellect comparatively untouched.

The question of responsibility in cases where simulation is mingled with actual disease is a very difficult one. The ancient legal test, "knowledge of right and wrong," is here wholly inadequate.

The motive for simulation in the insane of hysterical tendencies is often the craving for sympathy and attention. Occasionally, however, it seems to be wholly motiveless—a mere freak of disease. We should beware of inferring because of detected simulation, the non-existence of disease.

The following conclusion of the reporter was adopted as the opinion of the Section.

It is not only not impossible for the insane to simulate insanity for a purpose in any but its gravest forms of profound general mental involvement, but that they actually do simulate acts and forms of insanity for which there exists no pathological warrant that we can discover in the real disease affecting them.

At 7.30 P. M. the Congress was addressed by J. J. Woodward, M.D., Surgeon U. S. Army, on "The Medical Staff of the United States Army, and its Scientific Work."

September 7, 10 A. M. *4th General Meeting.*—The President, Dr. S. D. Gross, in the chair.

Reports from the Sections were received and accepted.

On motion of Dr. Henry I. Bowditch, of Boston, the following preamble and resolutions were adopted:—

Whereas, the work already accomplished by the officers connected with the Bureau of the Surgeon-General of the United States Army, in the establishment of a medical library, and in the preparation of its complete and unique catalogue, in the formation of an anatomical museum, from which important scientific results have already been obtained, and which have been not only a source of honour to these United States, but of value to foreign lands and wherever science is cultivated; and

Whereas, This Congress learns with regret that, owing to a lack of a sufficient clerical force and of pecuniary means, not only some of the work already in progress has been suspended, but that other work of equal value cannot be undertaken, although ample materials for the same are now lying unused in the Surgeon General's office; therefore

Resolved, That a committee of three be appointed to prepare a memorial to be presented to the Congress of the United States, at the earliest day possible, at its next session, to urge efficient support to these most important works.

Resolved, That it is desirable that said memorial be signed by the President, Vice-Presidents, and Secretary General of this body.

The President appointed Drs. Bowditch of Boston, Rudnew of St Petersburg, and N. S. Davis of Chicago, as the Committee to prepare this Memorial.

Upon motion of Dr. J. P. White, of Buffalo, N. Y., it was ordered that the printed pamphlet containing Dr. Bowditch's paper on Hygiene and Preventive Medicine be sent to the Presidents of State and Territorial Medical Societies and Sanitary Boards of the United States and the Societies and Sanitary Boards of the Dominion of Canada.

The "Address in Obstetrics" was then delivered by Theophilus Parvin, M.D., Professor of Obstetrics in College of Physicians and Surgeons of Indiana; Prof. H. Miyake, of Tokio, Japan, Vice-President, in the chair.

In his address, Dr. Parvin declared that American obstetric knowledge had its origin with the British rather than the French, and rehearsed the progress of the science in the century, and paid high tribute to Professor Wm. Potts Dewees, whom he called the father of American obstetrics.

Of the late Dr. Hugh L. Hodge, he said, few men have studied the mechanism

of labour more thoroughly, none have expounded it more clearly. Generations may come and depart, until another century pours its treasures upon the race, but it is doubtful if among these will be found another work on obstetrics of greater relative merit and of more enduring value than the treatise of Dr. Hodge. He said that the improvements and advances in obstetrics have saved more lives and accomplished greater benefits to humanity than those in surgery and other operative sciences.

Anæsthesia in obstetrics must be counted one of the greatest glories of the century. Of advances in gynæcology, the author said, but only two can be considered as the greatest glories of American gynæcology, the operation for genito-urinary fistula, and that for removal of ovarian tumours. Holding these up to the world, she may with just pride exclaim, "These are my offerings to humanity and to medicine."

The "Address on Medical Jurisprudence" was then delivered by Stanford E. Chaillé, Prof. of Physiology and Path. Anat. in University of Louisiana.

He said: Medical Jurisprudence owes its power to knowledge derived from every branch of medicine, but the law determines how far this power shall be utilized in the administration of justice. Hence the development of medical jurisprudence has varied in different nations with the progress of medical science, and with the extent of its applications to the protection of property, reputation, and life. Efficiency in this legal application varies with the appreciation of medical knowledge by the rulers of a nation; and, since an adequate appreciation is limited to the educated few, and is not yet disseminated among the mass of any people, it results that laws more favourable to the culture of legal medicine are to be found in nations ruled by the educated few, than in those governed by the people.

How much of medico-legal science has been transported from Germany and France to Great Britain and the United States, would, I fear, prove offensive to Gallic and still more to Anglo-American vanity.

Great Britain transmitted to this nation laws barbarously conspicuous for the absence of provisions to apply medical knowledge to the administration of justice, and Anglo-American law continues to be, in large measure, hostile to medical jurisprudence. However, British laws have done something for the science and a little for the art. For Great Britain has fostered medical education; did in 1803 found a chair of forensic medicine in one university, and has now such chairs in all its medical colleges; has by the Registration Act and other laws greatly strengthened the medical profession, and has compelled its courts to accept expert evidence only from registered and therefore educated medical men; still "the crowned republic" remains destitute, as does its democratic American offspring, of popular, hence of governmental, appreciation of the legal importance of medical knowledge, as is proved by the same lack of any system to secure the medical evidence of competent experts, as characterized its laws when surgeons were barbers and physicians were astrologers, sorcerers, and interpreters of dreams. What wonder that Germany and France began the study earlier and have prosecuted it more successfully.

The States of the Union have, for the most part, left the culture of medical science to individual enterprise, which supplies solely that which the private citizen demands—practitioners of medicine to heal the sick. The States have as yet made no demand for competent medical experts to aid the administration of justice, and have done nothing designedly for the culture of medical jurisprudence. What growth can this branch of State medicine have so long as a State does not recognize even its existence?

In the United States there are probably forty-five thousand medico-legal autopsies made annually. The services of a skilled expert at these "coroner's inquests" is of inestimable importance.

Further, our courts have annually from forty-five hundred to treble this number of criminal trials necessitating medical testimony. Whatever the number may be, it would indicate inadequately the

number of citizens whose welfare is involved in the efficient application of medical knowledge to the administration of justice.

What are the methods which Anglo-American law adopts to secure in practice that "best attainable evidence" which in theory it demands? It entrusts medico-legal autopsies, which require special medical and some legal knowledge, to those having neither the one nor the other, except by accident; for these coroners—whose inexperience our law assures by constant "rotation of office"—owe their position solely to political popularity, a qualification which a competent expert is most unlikely to possess. Are these *unqualified* officials supplied with efficient aid? If so, again by accident, since the law leaves it to chance, or to the coroner, or to his still less qualified jury, to provide a medical expert; and, as is usual, accident and ignorance provide inexperience and incompetence. Could *ingenuity* devise for medico-legal autopsies any methods *more* inefficient than these, which Anglo-American laws, framed before the birth of medical jurisprudence, have barbarously perpetuated?

With the power of medical science thus crippled at the coroner's inquests, then prostituted by the partisan opinions of incompetent experts, then perverted by advocates, and at last, when emasculated of all vigor, submitted for decision to those unable to estimate its weight, what wonder that such gross misapplication of medical knowledge brings upon it that public contempt which justly belongs to methods so monstrous, and to which true medical knowledge is a helpless, pitiable, and disgusted victim.

At 2 P. M. the Congress met in *Sections*.

SECTION I. *Medicine.*—Question for discussion: "The Influence of High Altitudes on the Progress of Phthisis." Reporter, Charles Denison, M.D., of Denver, Colorado. The paper was an exceedingly elaborate one. The author considered—

I. The past history of the climatic treatment of phthisis. (*a*) The climates of high altitudes were considered by their important attributes, which were contrasted with the same qualities in less elevated health resorts; in America the elevated inland plains and "backbone" of the continent, between elevations of four and ten thousand feet, being matched with sea-side and inland resorts, below the elevation of two thousand feet.

II. *a. Temperature.*—Too much importance has been placed upon *equable temperature*, equability often entailing excessive moisture and other conditions comparatively unfavourable to the majority of consumptives. Cool dry climates are better than warm moist ones. *b. Relative Humidity.*—The injustice of the advocates of low climates in not considering this point was noted. The questions were then asked, Is the comparison of high and low altitudes by the relative humidity of each, temperature being accounted for, fair? How does altitude affect humidity both absolute and relative? The cause of low relative humidity on the eastern Rocky Mountain slope was considered. *c. Diathermacy of the Air.*—A rule, depending upon elevation, given. The conditions for the greatest benefit from the direct influence of the sun grow more favourable with increasing elevation. *d. Electric tension, Ozone, etc.*—Their increase in high altitudes, peculiar effects, and great utility. How can we best utilize atmospheric electricity? Relation of this topic to temperature and humidity. *e. Altitude.*—The subject analyzed. The utility of the changed mechanical conditions of respiration. Influence of lessened atmospheric pressure upon the circulation and animal economy.

III. To what extent does phthisis originate above the elevation of 5000 feet? Instances analyzed. Favourable conditions for preventing phthisis and lengthening the years of the naturally short-lived.

IV. In the treatment of phthisis the utility of high altitudes rests with the *adaptability* of climate to the needs of special forms and complications of the disease. Comparison of experience elsewhere. Injurious effects of great elevations, precautions, etc.

V. Relation of typical cases, with analysis; inferences and conclusions.

VI. When and how to go to the Rocky

Mountain slope; kind of life to lead; advantages in winter and summer compared. A partial recovery necessitates a permanent residence. The remedy of high altitude too long delayed in the majority of instances. Duty of physicians in this regard was then dwelt upon.

The Section voted thanks to the author, and recommended the publication of the paper, "but without an expression of the opinion of the Section on the question involved."

SECTION II. *Biology.*—"The Mechanism of Joints." Reporter, Harrison Allen, M.D., Prof. of Comp. Anat. in the Univ. of Pennsylvania.

(I.) Starting with the idea that joints are of dynamic and static values, it was shown that in most movable joints the ball and socket arrangement predominates. When the ball is supported by the socket, as at the occipito-atloid articulation, *rest* is suggested. But when the ball is suspended from the socket, as at the temporo-maxillary articulation, *motion* is suggested. He illustrated the etiology of fracture and dislocation by reference to this method of study.

(II.) It was premised that articular surfaces are of three kinds: *axial*, *actinic*, and *lateral*. The *axial* or primary surfaces are those situated upon proximal and distal ends of a bone in the line of its longitudinal axis. The *actinic* or secondary (rarely seen) are those placed in a line which is deflected from the longitudinal axis. The *lateral* or tertiary are those situated upon the sides of the shaft or body of a bone and serve for articulation with corresponding surfaces of other bones. *E.g.* The outer femoral condyle is axial, since it is placed in the line of the longitudinal axis of the femur. The internal femoral condyle is *actinic*, since its line intersects the long axis of the femur, from which it may be said to be deflected. The *lateral* facets of the metatarsal or tarsal bones serve to illustrate the lateral kind.

(III.) Axial surfaces, it is believed, are static; actinic surfaces are dynamic; while lateral surfaces have subordinate degrees of value—some of them being adventitious. The outer femoral condyle is active in extension = static; the inner femoral condyle is active in flexion = dynamic; but the lateral facets have no independent action.

(IV.) Joints are fixed or locked at extremes of flexion and extension, and are most relaxed at the intervals between these extremes. An application of these premises was made to the etiology of dislocation.

(V.) When a facet is actively employed, it enters into a combination with which the entire limb is in harmony. Hence in the study of any one facet its relations to all others of its kind, as well as to the bones, muscles, and fasciæ of its limb, become essential.

(VI.) It was shown in conclusion that a correct knowledge of the symptomatology and treatment of diseases of the joints is dependent upon a true conception of the complex nature of articular surfaces.

The conclusions of the author were accepted by the Section.

SECTION III. *Surgery.* — Question, "Treatment of Coxalgia." Reporter, Louis A. Sayre, M.D., Prof. of Orthopædic Surgery in Bellevue Hosp. Med. College, New York.

The author described coxalgia, and divided the disease into three different stages, giving the symptoms in each stage, so that they can be accurately diagnosticated. He then referred to the pathological changes in the joint in the three different stages of the disease, and to the etiology or causation of the disease—

(*a*) That the disease may occur in *any* person from a sufficient exciting cause, and that it is not of necessity of scrofulous origin.

(*b*) That, instead of being a constitutional disease, arising without any exciting cause except the general taint of the system, proof was offered that it is *traumatic* in its origin almost always if not always.

He next alluded to the treatment in the different stages, and stated that proper treatment in the majority of cases will result in recovery with good or perfect motion and without deformity; and that if proper treatment has been neglected until the bone has become carious, *exsec-*

tion is *justifiable* and far preferable to the slow exfoliations of nature, giving much better results as to the usefulness of the limb, and infinitely better as to deformity of the body and *motion* of the joint.

The following conclusions of Dr. Sayre, after a very animated discussion, were reported to the Congress as the opinion of the Section with the statement that in conclusion No. 2, the Section does not unanimously coincide.

1. That morbus coxarius is a disease most frequently met with in early childhood, or the age of reckless indifference.

2. That it is almost always of traumatic origin, and not necessarily connected with a vitiated constitution.

3. That rest and freedom from pressure of the parts involved, while at the same time the rest of the body is allowed free exercise in the open air, and a nutritious diet, is the best treatment that has yet been devised for this disease.

4. That if this plan of treatment is adopted in the early stages of this disease the majority of cases will recover, with nearly if not quite perfect motion, and without deformity.

5. That in the advanced second stage of the disease, when absorption of the effused fluid cannot be produced, then it is better to puncture or aspirate the joint and remove its contents, than to leave it to rupture by ulceration.

6. That in the third stage of the disease when the treatment recommended in this paper has been properly applied without satisfactory improvement, but progressive caries continues, the exsection of the diseased bone is not only justifiable, but in many cases absolutely necessary.

7. That the operation of exsection of hip is easily performed, and in itself attended with little or no danger.

8. That after exsection of the hip-joint in cases of progressive caries, the recovery is much more rapid and certain, and infinitely more perfect, as to form, motion, and the usefulness of the joint and limb, than when left to the slow process of nature.

Question, "The Causes and Geographical Distribution of Calculous Diseases." Reporter, Claudius H. Mastin, M.D., of Mobile, Ala.

In treating this subject the author gave a brief notice of the varieties and constituents of calculous concretions, tracing the formation and *probable* causes of gravel in the kidney, and afterwards of stone in the bladder:

(*a*) Hereditary influences governing diathesis, with the effect of habit and mode of life upon the formation of these deposits. (*b*) Climate, food, water, and the default of exercise, as bearing upon healthy digestion and assimilation. (*c*) The influence of age, sex, race, and occupation, and of moral and physical emotions; also the mechanical and traumatic causes of these affections. (*d*) The agency of the colloids in the formation of calculi.

The author then gave a review of the manner of formation of gravel in the kidney, its passage through the ureter, and lodgment in the bladder: and an outline of the geograpbical sections in which calculous diseases are found to abound, with a summary of their probable causes.

Section IV. *Dermatology and Syphilology.* — Question, "The Treatment of Syphilis with Special Reference to the Constitutional Remedies appropriate to its various stages; the Duration of their Use, and the Question of their Continuous or Intermittent Employment." Reporter, E. L. Keyes, M.D., Adjunct Prof. of Surgery and Prof. of Dermatology in Bellevue Hospital Medical College, New York.

In the course of the paper the following points were taken up: (*a*) Does a mild beginning in syphilis necessarily indicate that the malady will run a mild course so that the duration of treatment may be regulated thereby? (*b*) Is the internal use of mercury debilitating? (*c*) When is mercury useful in syphilis? Has it any control over the late symptoms? (*d*) When is iodine useful in syphilis? Can it replace mercury in any stage of the disease? (*e*) Does iodine act by liberating mercury lying latent in the tissues? (*f*) Should treatment be continuous or interrupted?

A general outline of a course of internal treatment was then given.

The following propositions, slightly modified from those originally presented

by the reporter, were adopted by the Section:—

Negative conclusions, views for which there would seem to be no foundation in fact.

1. Syphilis commencing mildly needs but little treatment, and does not require mercury.

2. Mercury given internally is necessarily debilitating.

3. Mercury is only useful in secondary syphilis.

4. Iodide of potassium is of considerable value in secondary syphilis.

5. Iodide of potassium is of no value unless preceded by the use of mercury.

6. Iodide of potassium acts by liberating mercury which has been lying latent.

Positive conclusions, which, in the present state of our knowledge, may be affirmed.

1. Mercury is an antidote to the syphilitic poison, and of service in controlling all its symptoms in all, even the latest stages of the disease; its power over gummata being least, and not to be relied upon.

2. Mercury in minute doses is a tonic.

3. Iodine cures certain symptoms of syphilis, but does not prevent relapses.

4. Mercury, long continued uninterruptedly, so far as practicable in small doses from the time of earliest eruption, constitutes the best treatment of syphilis.

A paper on the same subject by Dr. Charles R. Drysdale, of London, was read by title.

A paper entitled "Verrugas, a Disease peculiar to Peru," by Dr. Geo. A. Ward, of Lima, was also read by title.

SECTION V. *Obstetrics.*—Question, "The Nature, Causes, and Prevention of Puerperal Fever." Reporter, Wm. T. Lusk, M.D., Professor of Obstetrics in Bellevue Hospital Medical College, New York.

After stating that puerperal fever is a generic term, the author defined its varieties and the distinction between non-infectious and infectious forms.

The non-infectious form the result of (*a*) Traumatic injuries; (*b*) Old peritoneal adhesions; (*c*) Disregard of hygienic precautions; (*d*) Mental influences. The infectious form he stated was a septic disease, and that the local lesions were the usual though not necessary point through which the poison enters the system. He referred to the relations of bacteria to puerperal fever; the influence of erysipelas, scarlatina, diphtheria, etc., upon the puerperal state, and to atmospheric influences. As regards the causes, deductions were drawn from civil statistics, hospital statistics, and private practice, and in the prevention of the disease we must be guided by our knowledge of its causes.

A paper was then read by Dr. Simon Fitch, of New York, on "Paracentesis, Aspiration, and Transfusion."

SECTION VI. *Ophthalmology.*—Question, "Are Progressive Myopia and Posterior Staphyloma due to Hereditary Predisposition, or can they be induced by Defects of Refraction, acting through the Influence of the Ciliary Muscle?" Reporter, E. G. Loring, M.D., of New York.

The author first referred to the hereditary predisposition of myopia. (*a*) How far the law of direct transmission is influenced by the secondary law of heredity, which expresses itself in the tendency to revert to the normal standard. (*b*) How far this tendency is influenced by intermarriage of different races, change of occupation, food, and manner of living.

These topics were illustrated by a brief comparison of the statistics of foreign countries with those taken in America.

He then referred to the development of the normal eye, and its relation to the conus and posterior staphyloma, and debated whether the conus is an anatomical and congenital defect inherent in myopic eyes, and such that become myopic through hereditary tendency, or is it simply the expression of a distension of the investing membranes which may occur in any eye from various causes?

He finally considered the action of the ciliary muscle as a cause of myopia. (*a*) The anatomy of the part, and its relation to myopia. (*b*) Can the continued contraction of the ciliary muscle produce myopia, either primarily through a permanent increased curvature of the lens, or secondarily through tension and irritation

of the deeper seated membranes? (*c*) A short consideration of the statistics published by various authorities in regard to spasm of the muscle. (*d*) An inquiry whether negative accommodation, even in connection with faulty refraction, can ever produce myopia and posterior staphyloma.

The following were the conclusions of the reporter:—

1. From the fact that so large a percentage of children are myopic, whose parents are not near-sighted, while the myopia increases directly with the amount of increased tension of the eyes, and from the fact that an interchange of refraction may occur, whereby an eye which is not congenitally myopic may become so in spite of hereditary tendency against it, it would seem to follow that hereditary predisposition, though undoubtedly a potent cause, is not only not the sole cause, but it is not even the predominating cause.

2. The action of the ciliary muscle, taken by itself, exerts but little influence on the production of myopia, and still less on the formation of the cone.

Of these conclusions, the first was adopted by the Section unanimously, and the second by a majority of 15 to 7.

Dr. George T. Stevens, of Albany, read a paper "On the Relations between Corneal Diseases and Refractive Lesions of the Eye."

Section VII. *Otology.* — Question, "What is the best Mode of Determining the Hearing of School Children; and how should Partially Deaf Children be instructed—in Mixed Classes with those who hear well, or in Separate Classes where due allowance will be made for their defective hearing?" Reporter, Clarence J. Blake, M.D., Instructor in Otology in Harvard University.

The author considered first the methods of testing the hearing, preference being given to (*a*) test with the human voice as proposed by Oskar Wolf, for classes of consonant sounds at varying distances; (*b*) tests with the watch and musical tones. In cases of defective hearing detected in school children, an examination of the condition of the ear was advised with reference to progress in defect of hearing and classification accordingly.

Classification according to degree of defect in hearing, in accordance with which it is advisable either to place the child in an ordinary school or in a special class. The author then considered the diseases which most commonly cause deafness in children.

Attention was then called to that class requiring special instruction, for which preference was given to the system of visible speech or lip reading in contrast to the sign language.

The author gave a form for tabulation of examination of the ears in school children, and then proceeded to the consideration of the facilities at present afforded in common schools for the instruction of partially deaf children. He then gave an illustration of the method of instruction by visible speech.

The following conclusions of Dr. Blake were endorsed by the Section:—

1. The frequency of partial deafness in children during the period of school life renders it advisable to make some definite provision in Public School Systems for compensatory instruction.

2. Since partial deafness is a comparative term, some provisions should be made for a proper determination of the degree of disability.

3. This is best accomplished either by establishing a series of speech tests to be used by the teachers, or by instituting competent medical examination at the hands of a medical supervisor of schools.

4. Partially deaf children, when hearing is not so defective as to require special instruction in articulation and lip reading, are better taught in mixed classes with those who hear well.

5. Partially deaf children whose hearing is so defective as to interfere with the natural acquirement of articulation and to render the ear of little or no value as a medium for instruction, should be accorded the advantages of special instruction, of which instruction, articulation and lip reading should form a part.

Section VIII. *Sanitary Science.*—Question, "Disposal and Utilization of Sewage and Refuse." The discussion was opened by Henry Hartshorne, M.D., Prof. of Hygiene in the University of Pennsylvania.

The following conclusions which he offered were adopted by the Section:—

1. Every plan for the laying out, or extension, of a city or town, should have as an indispensable part of it, a corresponding and coextensive plan for the continuance or substitution of the natural drainage of the locality, and for the proper construction of a system of sewers.

2. The question in regard to the removal of waste and impurities from towns is not as to the maintenance of sewers, but as to whether they should be depended upon alone, or should be supplemented, more or less largely by other means of conservancy.

3. Every sewer not supplied with a sufficient flow of water to secure the transportation of its contents is a nuisance, intensifying the evils it ought to remove. Ventilation of sewers will mitigate, but not entirely correct such evils.

4. Conditions sufficient for sanitary security are afforded by the discharge of sewage at a considerable distance from a town, into the sea, or into a large and rapid river, whose water, at least for many miles below the exit of the sewers, is not used for drinking.

5. The earth-closet method of removal of excreta is, theoretically and practically, satisfactory in a sanitary aspect; the obstacles to its general adoption belonging only to economy and convenience.

A supplementary proposition, affirming that the sewage-irrigation of arable land, well under-drained, is, where practicable, the most economical method of disposal of sewage, and is free from well-grounded sanitary objections, was not concurred in by the Section, which declined to express an opinion upon that subject, as still open to investigation.

Dr. E. R. Squibb, of Brooklyn, N. Y., read a paper on a "Universal Pharmacopœia."

Section IX. *Mental Diseases.*—Question, "The best Provision for the Chronic Insane." Reporter, C. H. Nichols, M.D., Phys. and Sup't of Gov't Hospital for Insane, Washington. His conclusions, adopted by the Section, were as follows:—

1. That provision for the chronic insane should be made by constructing buildings in connection with the several hospitals for the insane.

2. That it is not desirable to construct institutions solely for the care of the chronic insane.

Sept. 8, 10 A. M. *5th General Meeting.*—Dr. S. D. Gross, President, in the chair.

On motion of Dr. Paul F. Eve, of Nashville, it was

Resolved, That no papers or addresses read before this body, and ordered to be printed, shall be furnished either in abstract or otherwise for publication in any journal prior to the publication of the Transactions.

Reports from Sections were received.

Dr. N. S. Davis, of Chicago, offered the following:—

Whereas, This Congress marks an era in the history of medicine in the United States of America, the addresses as delivered presenting a summary of progress in the various departments which will be of great historical value in all coming time; and

Whereas, it is highly probable that these addresses, in connection with the many very valuable papers read and discussed in the Sections, will require for their early and proper publication more funds than are at present in the hands of the Treasurer for the purpose; therefore

Resolved, That the Committee on Publication be authorized and instructed, as soon as practicable after the final adjournment of the Congress, to ascertain the probable cost of publishing the full transactions in a style appropriate for the work, and if the money on hand is found deficient, they shall address a circular letter to such American members of the Congress, asking for such additional sum, not exceeding $10 for each, of such members as will supply the deficiency; and that said committee be authorized to withhold the volume or volumes, when published, from any member who may neglect to pay the additional sum required.

Resolved, That the Committee on Publication be authorized and requested to exercise a careful and liberal discretion in preparing and revising the proceedings and reported discussions in the sev-

eral Sections, for publication in the transactions of the Congress.

The "Address on Mental Hygiene" was delivered by John P. Gray, M.D., Sup't and Phys. to N. Y. State Lunatic Asylum, Utica; Hunter McGuire, M.D., of Virginia, Vice-President, in the chair.

Upon its conclusion, Lunsford P. Yandell, M.D., late Prof. of Physiology in University of Louisville, read the "Address on Medical Literature;" Dr. T. G. Richardson, of Louisiana, Vice-Presdent, in the chair.

At 2 P. M., the Congress met in Sections.

Section I. *Medicine.*—The following papers were read:—

The Treatment of Simple Ulcer of the Stomach, by Dr. H. Lebert, formerly Prof. of Clin. Med. at Zurich and at Breslau. (Translated by Charles W. Dulles, M.D., of Phila.)

Progressive Pernicious Anæmia. By R. P. Howard, M.D., of Montreal.

Alcohol in its Therapeutic Relations as a Food and a Medicine. By Ezra M. Hunt, M.D., of Metuchen, New Jersey. The following propositions of Dr. Hunt the Section affirmed and ordered them to be reported to the Congress in general meeting:—

1. Alcohol is not shown to have a definite food value by any of the methods of chemical analysis or physiological investigation.

2. Its use as a medicine is chiefly that of a cardiac stimulant, and often admits of substitution.

3. As a medicine it is not well fitted for self-prescription by the laity, and the medical profession is not accountable for such administration, or for the enormous evils resulting therefrom.

4. The purity of alcoholic liquors is not as well assured as that of articles used for medicine should be. The various mixtures when used as medicine should have definite and known composition, and should not be interchanged promiscuously.

Prof. Rudnew, of the Medico-Chirurgical Academy, St. Petersburg, read a paper on "Sclerosis of the Vessels of the Lungs."

Section III. *Surgery.* — Mr. William Adams, President of the Medical Society of London, read an interesting paper on "Subcutaneous Division of the Neck of the Thigh-Bone." The following conclusions offered by Mr. Adams were adopted by the Section.

1. That bones can be divided subcutaneously like tendons; and that the operation of completely dividing the neck of the thigh-bone by a small saw, introduced through a small subcutaneous puncture, is a well-established surgical operation, attended with very little risk.

2. That the long bones can be completely divided by the same method in any part of their length, with very little risk.

3. That in a large proportion of these cases, the healing of the wound takes place by the first intention, and that no swelling, redness, or inflammation follows. These cases of subcutaneous osteotomy proceed as favourably as subcutaneous tenotomy.

4. In some cases a little suppuration from the track of the wound, amounting only to a few drops in the day, does occur for a week or more after the operation.

5. That in a very few cases deep-seated suppuration occurs, but in only one of these, so far as at present known, has death resulted from pyæmia out of the 23 recorded cases. In one other case death was accelerated by the operation, or rather by the prolonged suppuration which followed; the patient died eight months afterwards from albuminuria and phthisis.

6. That the permanent result of the operation has hitherto generally been to correct the deformity and to obtain bony anchylosis with the limb in the straight position; but in several instances free motion has been obtained, and remained only for a few months, when it has been gradually lost. In a few cases free motion has remained for about a year, and we hope will persist through life, but time and further experience are necessary before this can be confidently stated to be a reliable result of the operation.

Dr. L. A. Dugas, Prof. of Surgery in Medical College of Georgia, then read a paper on "Penetrating Wounds of the

Abdomen; with the Suggestions of a Change of Practice in such Cases."

SECTION IV. *Dermatology and Syphilology.*—Dr. S. Engelsted, Physician in Chief of the Copenhagen Hospital, read a paper entitled "Measures to Prevent the Propagation of Venereal Diseases in Denmark." The paper was interesting and valuable. It stated very fully the laws in successful operation in Denmark, and gave statistics showing very favourable results.

A paper on the "Prevention of Syphilis," by Dr. Chas. R. Drysdale, of London, was then read.

SECTION V. *Obstetrics.*—Dr. E. H. Trenholme, Prof. of Midwifery and Diseases of Women in Bishop's College, Montreal, read a paper on "Uterine Hemorrhage." Dr. James P. White, of Buffalo, presented a paper on "Chronic Inversion of the Uterus." Dr. T. F. Rochester, of Buffalo, read a paper on "Retroversion of the Gravid Uterus."

Dr. Alex. R. Simpson, Professor of Obstetrics in the University of Edinburgh, arose, and thanking the Section for having made him one of their presiding officers, and after a few parting words, resigned the chair to Dr. W. H. Byford, of Chicago.

Dr. James P. White, of Buffalo, moved, and it was unanimously adopted, that the thanks of the Obstetric Section of the International Medical Congress of 1876 are returned to Dr. Robert Barnes, of London, and to Prof. Alex. R. Simpson, of Edinburgh, for the able manner in which they presided.

Dr. Goodell presented, for Dr. Alexander Strubell, of Dresden, a new clamp for ovariotomy.

SECTION VI. *Opthalmology.*—Dr. Dudley S. Reynolds, of Louisville, Ky., presented a "Report of One Hundred Cases of Senile Cataract."

SECTION VII. *Otology.*—Dr. Charles H. Burnett, Aural Surgeon to Presbyterian Hospital of Philadelphia, presented a paper on "Aural Vertigo with Variable Hearing."

SECTION VIII. *Sanitary Science.*—Dr. E. R. Squibb, of Brooklyn, N. Y., submitted a paper on "Metrical System of Weights and Measures," and the following resolutions offered by Dr. Squibb were adopted:—

Resolved, That the following conclusions or inferences presented in this paper be regarded as the expression of opinion of the Section, and be recommended to the Congress for confirmation.

1. That the metric system of metrology, though by no means faultless, is now by its almost universal acceptance practically inevitable; and, therefore, that all means should be used whereby it may be gradually adopted, so as to avoid, as far as possible, the abrupt shock incident to its sudden and forcible introduction in the future.

2. That the medical and pharmaceutical professions be recommended to adopt the suggestion of giving the equivalent values of the old and new systems in their writings as an easy way of rendering them familiar in use.

3. That the medical profession be urged to use their influence in having the metric system introduced into the leading colleges and schools.

Dr. J. G. Kerr, of China, then read a paper on "Medical Missions."

SECTION IX. *Mental Diseases.*—Dr. Edward C. Spityka, of New York, read a paper "On the Methods of Examination which will reveal a clear and decisive connection between the Symptoms of Insanity and the Pathological Lesions on which they depend."

At 7 P. M. the Public Dinner of the Congress was served in St. George's Hall.

Sept. 9. 10 A. M. *6th General Meeting.*—The President, Dr. Gross, in the chair.

The Secretary-General reported that 447 delegates had registered, and that the register was printed and in the hands of the delegates. Dr. Toner, of Washington, moved that the list be confirmed. Adopted.

Reports from Sections were received.

On motion of Dr. J. P. White, of Buffalo, and seconded in several complimentary speeches, the following resolutions were unanimously adopted.

Resolved, That the Centennial Medical

Commission of Philadelphia are hereby tendered the cordial thanks of this Congress for the most excellent manner in which its members have discharged the arduous duties devolved upon them, and by which our pleasure and profit have been so much enhanced.

Resolved, That the President and other officers of the International Medical Congress of 1876 are hereby tendered the cordial thanks of the Congress for the excellent manner in which they have discharged the arduous duties devolved upon them, and by which our pleasure and profit have been so much enhanced.

Resolved, That the officers and trustees of the University of Pennsylvania are hereby tendered our cordial thanks for the very liberal use of their excellent buildings for the meetings of this International Medical Congress.

Resolved, That the officers and trustees of the Jefferson Medical College are hereby tendered the cordial thanks of this Congress for the use of their lecture-room for the most interesting lecture of Dr. J. J. Woodward, U. S. A.

Resolved, That the cordial thanks of the International Medical Congress are especially due to Drs. Thomson, Wilson, and Strawbridge, and to Messrs. Henry C. Lea and J. B. Lippincott, for their generous hospitality.

On motion of Dr. Bowditch, of Boston, the following additional resolution was appended:—

Resolved, That we, a brotherhood of physicians from the North, South, East, and West of this country, hereby tender to our associates from other lands our most earnest wishes that they may have safe and happy returns to their homes, and we would suggest the hope that they will carry back many pleasant memories of this fraternal meeting, now closing, and which has been, most appropriately, held in this generous and noble city of Philadelphia.

Dr. Grant, of Ottawa, Canada, arose and stated that at a meeting of the members of the Canadian medical delegates, held yesterday, the following resolutions were adopted unanimously:—

Resolved, That the Canadian members of the International Medical Congress desire to express their sense of the great consideration and urbanity with which they have been treated by the officers and members of the Centennial Medical Commission, and beg, by this resolution, to tender their warm thanks for the same.

Resolved, That the Canadian members of the International Medical Congress most cordially join with the other members of the Congress in thanking the members, and citizens of Philadelphia, for the generous hospitality extended to its members throughout the present session.

Dr. Charles J. Hare, of London, read the following expression of congratulation from the delegates of Great Britain:—

The delegates from Great Britain to the International Medical Congress of Philadelphia beg to congratulate the President and the several committees on the complete success of the Congress, on the high value of the various addresses presented to it, and on the forward impulse which it has given to the progress of medicine in the widest sense of that word. They desire at the same time to express in the strongest and warmest terms their sense of and their thanks for the unmeasured kindness and courtesy and the unbounded hospitality with which they have been received on this Centennial occasion, and to add that they will carry back with them a most grateful recollection of that warm right hand of fellowship which has been so warmly extended to them by their brethren of the United States.

Signed on behalf of the British delegates by Chas. J. Hare, M.D. Cantab., F.R.C.P., late Professor of Clinical Medicine in University College, and Physician to University College Hospital; R. Brudenell Carter, F.R.C.S. Eng., Hunterian Professor of Surgery to the Royal College of Surgeons of England; William Adams, F.R.C.S., President of Medical Society of London.

Dr. Sayre, of New York, offered the following:—

Resolved, That this International Medical Congress request their President, Professor Gross, to sit for his portrait, and that the Committee of Publication be

instructed to have the same engraved and printed in the frontispiece to the volume of the transactions. Adopted.

The Secretary-General stated that a circular had been received announcing that an International Medical Congress would be held in Geneva in September, 1877.

The "Address on Medical Education and Medical Institutions" was then delivered by N. S. Davis, Professor of Medicine in the Chicago Medical College; Dr. Henry Gibbons, of California, Vice-President, in the chair.

Dr. Davis sketched the history of medical education and of medical schools in his country during the past century, and concluded with the following peroration:—

Let us, then, in the same self-reliant, independent spirit that actuated those who founded, and with the same untiring zeal and generous emulation that characterized the host of others who have sustained and developed the medical institutions of our country thus far, endeavour to manage the high trust they have left us wisely. Let us neither be blinded by reverence for the past, nor be fretful with impatience because clearly perceived evils will not flee at our bidding, nor yet with childish weakness call on the government to do our work for us; but let us, with boldness, yet persevering steadiness of purpose, carry forward our educational organizations, both improving their adjustments and adding to their superstructure; and we shall thereby most certainly enable those who come after us, in celebrating the next Centennial Anniversary of our national progress, to review *our work* with the same pleasure and profit that we derive to-day in contemplating the works and characters of those whose names are an honour to the century which has just passed.

Upon its conclusion Dr. Gross said: Gentlemen—Before I put the question of the final adjournment of the Congress, I beg leave to say a few parting words. First and foremost, I must be permitted again to thank you for the great honour you have done me in electing me as your presiding officer. It is the last honour I can reasonably expect from my professional brethren, who have always been so kind to me in the bestowal of their favours and of their good opinion. For these courtesies I shall never cease to be grateful, for they have served to cheer me in my labours, and have been as a balm to my soul.

The International Medical Congress of 1876 is about to pass into history as a thing of the past, and, although its exercises are but at an end, its work will live and form an interesting era in our profession as marking the reunion of a great body of men in the Centennial year of American independence. We have listened to a number of valuable and instructive discourses, illustrative of the progress of American medicine and surgery; have been engaged in profitable debates affecting some of the most vital interests of society; have performed a large amount of earnest work in the Sections, have met at the festive board; have clasped hands, and have formed warm and, as I trust, lasting friendships, all without any discord, one unkind expression, or even one word of misunderstanding. Altogether we have every reason for self-congratulation. When another Centennial century shall have passed away, the men who shall then be upon the stage will not fail to commemorate our meeting, and to bless us for what has been done this week in the interests of humanity and of medical science. In dissolving this meeting, as I now do, permit me to invoke upon our labours the choicest blessings of Almighty God, and to wish each and all of you a safe return to your homes and a happy reunion with your families and friends. May we not hope that you may long, if not forever, retain pleasant memories of our meetings in this Chapel, and that in your leisure moments your minds may occasionally resort to those of us from whom you are about to separate.

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